LAP15 Rec'd PCT/PTO Do BIMAR 6)2007

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004 pursuant to the consolidated Appropriates Act. 2005 (H.R. 4818). 10/578,541 **Application Number** RANSMITTAL Filing Date November 8, 2004 G. Michael Pope First Named Inventor for FY 2006 MAR 0 8 2007 Examiner Name Not Yet Assigned 🙀 ims small entity status. See 37 CFR 1.27 Not Yet Assigned Applicant Art Unit TO ALEMANT OF PAYMENT 65.00 15297US03 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check | Credit Card | Money Order | None | Other (please identify): Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy For the above-identified deposit account, the Director is hereby authorized to (check all that apply) Charge Fee(s) indicated below Charge Fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fees(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity** Small Entity Fee(\$) Fees Paid(\$) **Application Type** Fee (\$) Fee(\$) Fee(\$) Fee(\$) Fee(\$) Utility 300 150 500 250 200 100 200 100 100 50 130 65 Design 80 **Plant** 200 100 300 150 160 500 250 600 300 300 150 Reissue 200 100 0 0 Provisional 2. EXCESS CLAIM FEES Small Entity **Fee Description** Fee(\$) Fee(\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 360 180 Multiple dependent claims **Multiple Dependent Claims Total Claims Extra Claims** Fee(\$) Fee Paid (\$) -20 or HP Fee Paid (\$) <u>Fee</u> HP = highest number of total claims paid for, if greater than 20 Extra Claims Indep. Claims Fee Paid (\$) Fee(\$) -3 or HP HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid(\$) **Total Sheets Extra Sheets** Fee(\$) (round up to a whole number) 4. OTHER FEE(S) Fee Paid(\$) Non-English Specification, \$130 fee (no small entity discount) \$65.00 Other (e.g., late filing surcharge): Completion of Filing Requirements SUBMITTED BY Registration No. (312)775-8000 57,232 Telephone Signature Name (print/type) William B. Gont Date March 5, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/21 (07-06)

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TRANSMITTAL FORM					10/578,541			
			Filing Date		November 8, 2004			
			First Named Inventor		G. Michael Pope			
			Art Unit N		Not Yet Assigned			
			Examiner Name		Not Yet Assigned			
(to be used for all correspondence after initial filing)  Total Number of Pages in This Submission 10				Attorney Docket Number		15297US03		
ENCLOSURES (check all that apply)								
Fee Transmittal Form		Drawing(s)		<del></del>	After Allowance Communication to TC			
Fee Attached		Licensing-relate		ed Papers		_		
Amendment/Reply		Petition		Appeal Communication to Board of Appeals and Interferences				
After Final		Petition to Convert to a Provisional Application				Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
Affidavits/declaration(s)								
Extension of Time Request		Power of Attorney, Revoca Change of Correspondence Address			Proprietary Information  Status Letter			
Express Abandonment Request								
Information Disclosure		Terminal Disclaimer		Return-Receipt Postcard				
Statement		Request for Refund		efund	Other Enclosure(s) (please identify below):			
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT								
Firm McAndreys Held & Malloy, Ltd.								
Signature	William B. Con							
Printed Name	William B. Gont							
Date	March 5, 2007							
CERTIFICATE OF MAILING								
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on March 5, 2007.								
Name (Print/type) William By Gont			Registration No. (Att	omey/Age	nt)	57,232		
Signature	Whilliam			Date	March 5, 2007			

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